

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tadahiro Ohata, et al.
Serial No. : 09/904,317
For : ON-DEMAND IMAGE DELIVERY SERVER,
IMAGE RESOURCE DATABASE, CLIENT
TERMINAL AND METHOD OF DISPLAYING
RETRIEVAL RESULT
Filed : July 12, 2001
Examiner : Nguyen, Madeleine Anh Vinh
Art Unit : 2626
Confirmation No. : 1817

745 Fifth Avenue
New York, NY 10151
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EXPRESS MAIL

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Date of Deposit: December 5, 2005

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Charles Jackson
(Typed or printed name of person mailing paper or fee)

Charles Jackson
(Signature of person mailing paper or fee)

**AMENDMENT SUBMITTED WITH
REQUEST FOR CONTINUED EXAMINATION**

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action of September 20, 2005, having a three-month statutory period for response set to expire on December 20, 2005, Applicants submit

herewith a Request for Continued Examination (RCE) and a check in the amount of \$790.00 as payment of the fee. Please amend the above-identified application as follows.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 11 of this paper.



PATENT
450100-03327

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745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- No additional fee is required.
 The fee has been calculated as shown below.
 This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	17	Minus	** = 20	* 0 x	\$50 (25)	= \$ 0
Independent claims	8	Minus	** = 10	* 0 x	\$200 (100)	= \$ 0
Total additional fee for this amendment						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- This application contains a multiple dependent claim. The required fee of \$300 (150) has been previously paid , or is paid herewith .
- This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of \$ ___ is attached, which covers the cost of additional claims petition for extension of time.
- Charge \$ ___ to Deposit Account No. 50-0320.
- Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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 Alexandria, VA 22313-1450.**

Charles Jackson
 (Typed or printed name of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By: Thomas F. Presson
 Thomas F. Presson
 Reg. No. 41,442

Charles Jackson
 (Signature of person mailing paper or fee)